

# 2002 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**May 10, 2002 8:00 am**  
**Secretary of State**  
 05-10-2002 90022 002 \*\*\*\*61.25

**DOCUMENT # N97000002201**

1. Entity Name

**THE CLEARWATER COMMUNITY VOLUNTEERS, INC.**

Principal Place of Business

Mailing Address

**308 S LINCOLN #1  
 CLEARWATER FL 33756**

**308 S LINCOLN #1  
 CLEARWATER FL 33756**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

**59-3442288**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**CHAMBERLAIN, KATIE  
 308 S LINCOLN #1  
 CLEARWATER FL 33770**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

**FL**

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW: FEE IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

**\$5.00 May Be  
 Added to Fees**

**Make Check Payable to  
 Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE **PT** ☐ Delete  
 NAME **SLAUGHTER, BENNETTA**  
 STREET ADDRESS **2433 KENT PLACE**  
 CITY-ST-ZIP **CLEARWATER FL 33764**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VT** ☐ Delete  
 NAME **CHAMBERLAIN, KATIE**  
 STREET ADDRESS **308 S LINCOLN #1**  
 CITY-ST-ZIP **CLEARWATER FL 33756**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VT** ☐ Delete  
 NAME **BARTON, PAM**  
 STREET ADDRESS **404 JASMINE WAY**  
 CITY-ST-ZIP **CLEARWATER FL 34610**

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE **VT** ☐ Delete  
 NAME **Joanie Sigal**  
 STREET ADDRESS **1927 Sevier Dr**  
 CITY-ST-ZIP **Clearwater Fl 33764**

TITLE **VT** ☐ Change ☒ Addition  
 NAME **Joan Sigal**  
 STREET ADDRESS **1927 Sevier Dr**  
 CITY-ST-ZIP **Clearwater Fl 33764**

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Delete  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

TITLE ☐ Change ☐ Addition  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

**Katie Chamberlain**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/30/02 727-446-1100 x244**

CR2E037 (9/01)